

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08851628
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		①				
2	1						52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		8					61						
12		1					62						
13		①					63						
14		①					64						
15		①					65						
16		①					66						
17		①					67						
18		①					68						
19		①					69						
20		①					70						
21		①					71						
22		①					72						
23		①					73						
24		①					74						
25		①					75						
26		①					76						
27		①					77						
28		①					78						
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30		①					80						
31		①					81						
32		①					82						
33		①					83						
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36		①					86						
37		①					87						
38		①					88						
39		①					89						
40		①					90						
41		①					91						
42		①					92						
43		①					93						
44		①					94						
45		①					95						
46		①					96						
47		①					97						
48		①					98						
49		①					99						
50		①					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	2	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	58	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	58					